

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: November 1, 2021
	Section 42: Plan of Safe Care	Version: 3

POLICY OVERVIEW

A Plan of Safe Care (POSC) is designed to ensure the safety and well-being of an infant under the age of one (1) with prenatal substance exposure by addressing the mental and physical health and substance use treatment needs of the infant and infant's parents and caregivers. A POSC is created with input from the parents, caregivers, and in collaboration with healthcare providers and other professionals working with the infant and family.

PROCEDURE

The Indiana Department of Child Services (DCS) will complete a POSC or review and update an existing POSC regularly throughout DCS involvement until the infant turns one (1) year of age for an infant who is:

1. Identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal);
2. Experiencing symptoms of withdrawal;
3. Diagnosed with Neonatal Abstinence Syndrome; and/or
4. Diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

Note: A POSC will be completed regardless of the decision to substantiate or unsubstantiate the assessment. See policy 4.22 Making an Assessment Finding for further guidance.

The Family Case Manager (FCM) will:

1. Observe and assess the needs of each child, parent, household member, or caregiver;
2. Collaborate with each parent, household member, caregiver, Child and Family Team (CFT) member, and other professional partners and agencies involved in providing services for the infant, parents, household members, and caregivers to develop a POSC.

A POSC should include the following:

- a. The treatment needs of the parents, household members, caregivers, and infant;
 - b. Other identified needs that are not determined to be immediate safety concerns;
 - c. Utilization of community resources and extended family support systems; and
 - d. A plan for continued family support beyond DCS involvement.
3. Speak with the parents, guardians, and caregivers about safe sleep and document the discussion in the case management system;
 4. Ensure the plan addresses the mental and physical health and substance use treatment needs of the infant and each parent, household member, and/or caregiver;
 5. Create a Safety Plan, if needed, to address immediate safety needs of the infant (see policy 4.19 Safety Planning for additional guidance). A Safety Plan must be developed when:

- a. A plan is needed to ensure safety prior to, or in addition to, the development of the POSC, or
 - b. The infant's siblings have differing safety needs.
6. Obtain signatures on the POSC for each parent, adult household member, and caregiver who is listed on the POSC as participating and provide them with a copy of the plan;

Note: If a parent refuses or is unable to sign the POSC, information regarding that parent may not be shared with other individuals, professionals, or agencies. A separate POSC should be created for the other parent.

7. Review the POSC with the FCM Supervisor during clinical supervision and regular staffing;
8. Provide a copy of the POSC to each individual, professional, or agency included in the plan and authorized by the parents to receive a copy;

Note: When there is court involvement, the POSC should also be provided to the court.

9. Upload each completed POSC to the case management system;
10. Review and adjust the POSC regularly throughout DCS involvement until the infant turns one (1) year of age. Examples of when revisions should be made to the POSC include:
- a. Changes in the household,
 - b. Changes in the identified needs of the infant, parent, household member, or caregiver, or
 - c. Changes in risk or protective factors.
11. Ensure the POSC is provided to the permanency FCM if further DCS involvement is planned.

The FCM Supervisor will:

- 1. Guide the FCM in engaging the parents, household members, caregivers, CFT members, professional partners, and agencies to create or update the POSC, as needed; and
- 2. Ensure the POSC:
 - a. Addresses the needs of each individual, as required,
 - b. Is uploaded to the case management system and provided to the listed parties, and
 - c. Is provided to the permanency FCM, if further DCS involvement is planned.

LEGAL REFERENCES

- [PL 114-198: Comprehensive Addiction and Recovery Act of 2016](#)
- [42 USC 67: Child Abuse Prevention and Treatment and Adoption Reform](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Plan of Safe Care \(SF 56565\)](#)
- [Safe Sleep Documentation Tip Sheet and Informational Resources](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.19 Safety Planning](#)
- [4.22 Making an Assessment Finding](#)